



ACHA-NFSHA Survey Order Form

BILL TO

Name _____ Title _____
 Institution _____ ACHA Institutional Member ID # _____
 Street Address _____ City/State/Zip _____
 Phone _____ E-mail _____

PRIMARY CAMPUS CONTACT PERSON

Name _____ Title _____
 Institution _____ Campus Location (City/State/Zip) _____
 Phone _____ E-mail _____

SURVEY PRODUCTS

Indicate if participating in Fall or Spring Year _____

| Sample size (faculty/staff invited to take the survey): | ACHA Institutional Member Price | OR | ACHA Non-Institutional Member Price | Total |
|---|---------------------------------|----|-------------------------------------|---------|
| Up to 5,000 faculty/staff | \$2,500 | | \$3,750 | = _____ |
| 5,001 - 10,000 faculty/staff | \$3,500 | | \$5,250 | = _____ |
| 10,001 - 20,000 faculty/staff | \$4,500 | | \$6,750 | = _____ |
| 20,001 or more faculty/staff | \$5,500 | | \$8,250 | = _____ |
| Community Colleges/HBCUs/Tribal Colleges | \$1,500 | | \$2,250 | = _____ |

Please note 5 reminders, a standard thank you message, and 1 report package are already included in the fees above.

| | Quantity | ACHA Institutional Member Price | OR | Non-Institutional Member Price | Total |
|--|----------|---------------------------------|----|--------------------------------|---------|
| Additional report package(s) | _____ X | \$400 | | \$600 | = _____ |
| <i>For extra custom questions, please contact ACHA-NFSHA Program office for a quote.</i> | | | | | = _____ |

Optional customizations (member price/non-member price):
Select one option (\$50/\$75); select up to 3 options (\$100/\$150); select unlimited options (\$300/\$450)

| | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Custom thank you email | <input type="checkbox"/> Custom end of survey page | <input type="checkbox"/> Custom "from" name | <input type="checkbox"/> Custom "from" email address | <input type="checkbox"/> Custom first page of survey |
| <input type="checkbox"/> Custom re-direct link | <input type="checkbox"/> Include logos or images | <input type="checkbox"/> Personalize with preferred first names | <input type="checkbox"/> Use different reminder letters | Total = _____ |

Total Amount Due _____

PAYMENT (Invoice/receipt will be emailed to person entered in "BILL TO" above)

Institutional Purchase Order # _____ Check or money order payable to ACHA
 Visa MasterCard American Express
 Card # _____ Exp. Date _____ CSV (from back of card) _____ Billing Zip _____
 Cardholder's Name _____ Signature _____

Remittance address for payment:
 ACHA-NFSHA, P. O. Box 419224, Boston, MA, 02241-9224
 Please be sure to include this order form with your payment.

